

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41805

State File No. _____

FILED JAN - 7 1943

Registration District No. 310

Primary Registration District No. 3060

Registrar's No. 152

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years years, months or days

3. (a) PRINT FULL NAME

J. A. Dualls
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race o-r
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary S. Ruby
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan. 9 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Emmerson Missouri (City, town, or county) (State or foreign country)

10. Usual occupation mine Captain

11. Industry or business

12. Name Marion Dualls
13. Birthplace Jane Co Tenn (City, town, or county) (State or foreign country)
14. Maiden name Maetelia Thomas
15. Birthplace Jane Co Tenn (City, town, or county) (State or foreign country)

16. (a) Informant G. F. Qualls
(b) Address 335 N - Sarah St. Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Farmington Mo.

18. (a) Signature of funeral director Hugo Cozzan
(b) Address Farmington Mo.
19. (a) Dec. 9, 1942 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th year 1942 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 1940 to December 2 1942
that I last saw him alive on December 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis Duration 3 yrs

Due to Generalized + marked arteriosclerosis 3 yrs.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Emmet F. Hines M.D. (Specify type of place) (e) Means of injury 0
Address Farmington Mo. (M. D. or other) Date signed 12/9/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
District Health Officer No. _____
District File Number 443-1532
Date Filed 1-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.